

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

14 OCT 23 PM 3:51

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street) ▼

POST OFFICE BOX 125

Check if different
than previously
reported. (ACC)

LAUREL

MS

39441

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00550657

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M D D
11 04Y Y
2014in the
State of

MS

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

M M
10 01Y Y
2014

through

M M
10 15D D
2014Y Y
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELANIE SOJOURNER

Signature of Treasurer MELANIE SOJOURNER

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF CHRIS MCDANIEL

Report Covering the Period: From: ^M10 ^D01 ^Y2014 To: ^M10 ^D15 ^Y2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	0.00	2582761.27
(b) Total Contribution Refunds (from Line 20(d)) ..	34000.00	38754.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	-34000.00	2544007.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	0.00	2316285.97
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	300.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	0.00	2315985.97
8. Cash on Hand at Close of Reporting Period (from Line 27)...	108948.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	100100.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF CHRIS MCDANIEL

Report Covering the Period: From: ^{M M} 10 ^{D D} 01 ^{Y Y} 2014 To: ^{M M} 10 ^{D D} 15 ^{Y Y} 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	1353364.37
(ii) Unitemized	0.00	1120927.30
(iii) TOTAL of contributions from individuals . ▶	0.00	2474291.67
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	108469.60
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	2582761.27
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	100100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	100100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	300.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	3600.21	611403.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	3600.21	3294564.57

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DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	0.00	2316285.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	34000.00	38754.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	34000.00	38754.00
21. OTHER DISBURSEMENTS ...	3712.99	830576.33
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37712.99	3185616.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	143061.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	3600.21
25. SUBTOTAL (add Line 23 and Line 24)...	146661.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	37712.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	108948.27

14021112541

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 OF 19	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial) PATRICIA BALL			Date of Receipt M M D D Y Y 10 10 2014	
Mailing Address 79560 WENDRILL RD			Transaction ID : SA15.81275	
City PORTOLA	State CA	Zip Code 96122-5243		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25.00	
Name of Employer GREGORY SAWYER, DDS		Occupation DENTAL HYGIENIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) CONSERVATIVE CAMPAIGN COMMITTEE			Date of Receipt M M D D Y Y 10 15 2014	
Mailing Address PO BOX 984			Transaction ID : SA15.81233	
City WILLOWS	State CA	Zip Code 95988		
FEC ID number of contributing federal political committee. C C00495010			Amount of Each Receipt this Period 1250.00	
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 1250.00	RECOUNT	

Full Name (Last, First, Middle Initial) PATRICK FITZGERALD			Date of Receipt M M D D Y Y 10 09 2014	
Mailing Address 10144 E JEWELL AVE #2			Transaction ID : SA15.81276	
City DENVER	State CO	Zip Code 80247		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00	
Name of Employer SELF-EMPLOYED		Occupation FINANCE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....			1325.00	
TOTAL This Period (last page this line number only).....				

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 ☒ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A. Full Name (Last, First, Middle Initial) CHANNING FREDERICK			Date of Receipt M M D D Y Y 10 10 2014	
Mailing Address 2485 HIGHWAY 460 E			Transaction ID : SA15.81220	
City	State	Zip Code		
WEST LIBERTY	KY	41472-8248		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 150.00	
Name of Employer FOOTHILLS CONTRACTING, LLC		Occupation BUSINESS OWNER	RECOUNT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) LANNY GLOVER			Date of Receipt M M D D Y Y 10 02 2014	
Mailing Address 995 LUCKNEY RD			Transaction ID : SA15.81281	
City	State	Zip Code		
BRANDON	MS	39047		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 10.00	
Name of Employer STATE OF MISSISSIPPI		Occupation ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 245.00		
C. Full Name (Last, First, Middle Initial) MARTIN KEENE			Date of Receipt M M D D Y Y 10 03 2014	
Mailing Address 1204 N CENTER STREET			Transaction ID : SA15.81282	
City	State	Zip Code		
BROOKHAVEN	MS	39601-2124		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 35.00	
Name of Employer VETERAN		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 255.00		
SUBTOTAL of Receipts This Page (optional).....			195.00	
TOTAL This Period (last page this line number only).....			, , .	

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial) NOVA LIST		Date of Receipt M M D D Y Y 10 03 2014
Mailing Address 13755 SUNRISE VALLEY DR. STE 450		Transaction ID : SA15.81260
City HERNDON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1167.21 LIST RENTAL--FAIR MARKET VALUE-PRIMARY DEBT RETIREMENT
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1167.21	

Full Name (Last, First, Middle Initial) CHRIS PUCKETT		Date of Receipt M M D D Y Y 10 02 2014
Mailing Address 3608 E 44TH ST		Transaction ID : SA15.81289
City EDMOND	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF-EMPLOYED	Occupation TOWING	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 950.00	

Full Name (Last, First, Middle Initial) CHRIS PUCKETT		Date of Receipt M M D D Y Y 10 08 2014
Mailing Address 3608 E 44TH ST		Transaction ID : SA15.81277
City EDMOND	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF-EMPLOYED	Occupation TOWING	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1267.21
TOTAL This Period (last page this line number only).....	

14021112544

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A. Full Name (Last, First, Middle Initial) CHRIS PUCKETT		Date of Receipt M M D D Y Y 10 15 2014	
Mailing Address 3608 E 44TH ST		Transaction ID : SA15.81272	
City EDMOND	State OK	Zip Code 73013	Amount of Each Receipt this Period , 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation TOWING		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date , 1050.00	
B. Full Name (Last, First, Middle Initial) KAY SOUZA		Date of Receipt M M D D Y Y 10 02 2014	
Mailing Address 1319 KENTWOOD DRIVE		Transaction ID : SA15.81290	
City SAN LUIS OBISPO	State CA	Zip Code 93401	Amount of Each Receipt this Period , 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date , 225.00	
C. Full Name (Last, First, Middle Initial) BRIAN D STANLEY		Date of Receipt M M D D Y Y 10 07 2014	
Mailing Address 4500 PECAN MEADOW CT		Transaction ID : SA15.81278	
City FORT WORTH	State TX	Zip Code 76140	Amount of Each Receipt this Period , 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date , 2450.00	
SUBTOTAL of Receipts This Page (optional).....		, , 150.00	
TOTAL This Period (last page this line number only).....		, , 2937.21	

14021112545

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. DANNY J BARFIELD

Date of Disbursement

M M D D Y Y
10 15 2014

Mailing Address PO BOX 1208

City State Zip Code
CLEVELAND MS 38732

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
CONTRIBUTION REFUND

Transaction ID : SB20A.81244

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. CAROL BOGOSIAN

Date of Disbursement

M M D D Y Y
10 15 2014

Mailing Address 105 MARLAND RD S

City State Zip Code
COLORADO SPRINGS CO 80906-4350

Amount of Each Disbursement this Period

1900.00

Purpose of Disbursement
CONTRIBUTION REFUND

Transaction ID : SB20A.81241

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. BERT BRIDGES

Date of Disbursement

M M D D Y Y
10 15 2014

Mailing Address 412 LE BOURGEOIS LANE

City State Zip Code
BRANDON MS 39047

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
CONTRIBUTION REFUND

Transaction ID : SB20A.81246

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

4900.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. JAMES BUELL

Mailing Address 4790 CAUGHLIN PARK WAY
#518

City RENO State NV Zip Code 89509

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.81242

Full Name (Last, First, Middle Initial)

B. CITIZENS UNITED POLITICAL VICTORY FUND

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB20A.81248

Full Name (Last, First, Middle Initial)

C. KENNETH W DAVIS

Mailing Address PO BOX 999

City FORT WORTH State TX Zip Code 76101

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.81249

SUBTOTAL of Disbursements This Page (optional).....

10000.00

TOTAL This Period (last page this line number only).....

14021112547

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial) A. ALLAN KIRBY			Date of Disbursement M M D D Y Y Y 10 15 2014	
Mailing Address PO BOX 90 14 E MAIN ST			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.81257	
City MENDHAM	State NJ	Zip Code 07945-0090		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. MARY S KOHLER			Date of Disbursement M M D D Y Y Y 10 15 2014	
Mailing Address PO BOX 897			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.81250	
City SHEBOYGAN	State WI	Zip Code 53082		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. TERRY J KOHLER			Date of Disbursement M M D D Y Y Y 10 15 2014	
Mailing Address PO BOX 897			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.81251	
City SHEBOYGAN	State WI	Zip Code 53082		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional) 7800.00

TOTAL This Period (last page this line number only)

14021112543

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A. JENNY MARTIN Full Name (Last, First, Middle Initial) Mailing Address 1025 ROSE CREEK DRIVE City WOODSTOCK State GA Zip Code 30189 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M D D Y Y 10 15 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.81252
B. MITCHEL PLATT Full Name (Last, First, Middle Initial) Mailing Address 120 W SPARROW DR City CHANDLER State AZ Zip Code 85286-8513 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M D D Y Y 10 15 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.81243
C. JAMES REMINGTON Full Name (Last, First, Middle Initial) Mailing Address 2300 CEDARFIELD PARKWAY APT. 263 City RICHMOND State VA Zip Code 23233-1942 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M D D Y Y 10 15 2014 Amount of Each Disbursement this Period 900.00 Transaction ID : SB20A.81253
SUBTOTAL of Disbursements This Page (optional).....			6100.00
TOTAL This Period (last page this line number only).....			6100.00

14021112549

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A. RICHARD UIHLEIN Full Name (Last, First, Middle Initial) Mailing Address 1396 N WAUKEGAN RD City LAKE FOREST State IL Zip Code 60045 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M D D Y Y 10 15 2014 Amount of Each Disbursement this Period , , 2600.00 Transaction ID : SB20A.81254
B. T VICKERS Full Name (Last, First, Middle Initial) Mailing Address 700 MAPLE STREET SUITE A City BIRMINGHAM State AL Zip Code 35210 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M D D Y Y 10 15 2014 Amount of Each Disbursement this Period , , 2600.00 Transaction ID : SB20A.81256
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....			, , 5200.00
TOTAL This Period (last page this line number only).....			, , 34000.00

14021112550

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. CREATIVE COMPUTER

Mailing Address P.O. BOX 6648

Date of Disbursement

M M D D Y Y
10 01 2014

City State Zip Code
LAUREL MS 39441

Amount of Each Disbursement this Period

243.16

Purpose of Disbursement
RECOUNT-WEB HOSTING

Transaction ID : SB21.81234

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD
STE 240

Date of Disbursement

M M D D Y Y
10 09 2014

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

12.94

Purpose of Disbursement
RECOUNT-BANK FEES

Transaction ID : SB21.81262

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

C. LAKELAND INCOME PROPERTIES, LLC

Mailing Address PO BOX 320219

Date of Disbursement

M M D D Y Y
10 01 2014

City State Zip Code
FLOWOOD MS 39232

Amount of Each Disbursement this Period

405.01

Purpose of Disbursement
RECOUNT-RENT & UTILITIES

Transaction ID : SB21.81235

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

SUBTOTAL of Disbursements This Page (optional).....

661.11

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
RECOUNT-COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 01 2014

Amount of Each Disbursement this Period

87.71

Transaction ID : SB21.81236

Full Name (Last, First, Middle Initial)

B. REGIONS BANK

Mailing Address 1900 FIFTH AVENUE NORTH

City BIRMINGHAM State AL Zip Code 35203

Purpose of Disbursement
RECOUNT-BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 10 2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB21.81240

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
STE 101-A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
RECOUNT-LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : SB21.81263

SUBTOTAL of Disbursements This Page (optional).....

202.71

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
STE 101-A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
RECOUNT-LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

1190.00

Transaction ID : SB21.81264

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
STE 101-A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
RECOUNT-LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 15 2014

Amount of Each Disbursement this Period

30.00

Transaction ID : SB21.81265

Full Name (Last, First, Middle Initial)

C. TRANSAXT

Mailing Address 190 MONROE AVE NW
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
RECOUNT-MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Date of Disbursement

M M D D Y Y
10 02 2014

Amount of Each Disbursement this Period

666.30

Transaction ID : SB21.81237

SUBTOTAL of Disbursements This Page (optional)..... 1886.30

TOTAL This Period (last page this line number only).....

14021112553

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

Date of Disbursement

M M D D Y Y
10 15 2014

City State Zip Code
CHANTILLY VA 20151

Amount of Each Disbursement this Period

857.87

Purpose of Disbursement
RECOUNT-CAGINGAND ESCROW

Transaction ID : SB21.81266

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

Date of Disbursement

M M D D Y Y
10 15 2014

City State Zip Code
CHANTILLY VA 20151

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement
RECOUNT-DELIVERY SERVICES

Transaction ID : SB21.81267

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

892.87

TOTAL This Period (last page this line number only).....

3642.99

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10215

FRIENDS OF CHRIS MCDANIEL

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CHRISTOPHER BRIAN MCDANIEL

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

506 SOUTH COURT ST

City

State

ZIP Code

ELLISVILLE

MS

39437

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

07

2013

12/31/2014

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

100.00

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)

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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10216

FRIENDS OF CHRIS MCDANIEL

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CHRISTOPHER BRIAN MCDANIEL

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

506 SOUTH COURT ST

City

State

ZIP Code

ELLISVILLE

MS

39437

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10^M

15^D

2013

12/31/2014

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

100000.00

TOTALS This Period (last page in this line only) ...

100100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHO E: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Date of Receipt or Postmark

PREPARER

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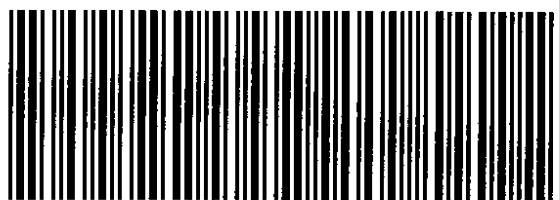
DATE PREPARED

10/23/14

14021112557



SEN PATCH



SEN PATCH

14021112558